

APPENDIX D

TSP FORMS FOR SERVICE USERS

APPENDIX D**TSP FORMS FOR SERVICE USERS**

Title	Standard Form	Primarily Respondent (s)	When To Submit:
TSP Request for Service Users	SF 315	Service User	When an NSEP Telecommunications Requirement Exists That Will Require Preferential Treatment
TSP Service Order Report	SF 316	Service User/ Contracting Activity	Within 45 Days of Issuing a Service Order or Change Order to a Vendor
TSP Action Appeal for Service Users	SF 317	Service User	Within 30 Days of Notification of Priority Assignment or Denial if There Is Disagreement With an Action Taken by the TSP Program Office
NSEP Invocation Report	SF 320	Service User	Within 30 Days of Service Completion

NOTES:

1. The forms in this appendix may be reproduced as needed. Federal agencies using alternate construction must comply with the provisions of 41 CFR, para. 201-45.510.
2. For directions for completing the TSP Request (SF 315), see chapter 6.0.
3. Standard Forms 315 and 316 are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Identify the forms you wish to purchase by the title of the form and the SF (standard form) number, e.g., "TSP Request For Service Users (SF 315)."

(See NCS Manual 3-1-1 for instructions before completion.)

Form Approved
OMB No. 0704-0305
Expires Jul 31, 1998

Public reporting burden for this collection of information is estimated to average 2.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS - RETURN COMPLETED FORM TO ADDRESS BELOW

1. ACTION REQUESTED *(Enter applicable code)*

- | | |
|--|-------------------------------------|
| A. INITIAL PRIORITY FOR A NEW SERVICE | D. REVOKE A SERVICE'S PRIORITY |
| B. INITIAL PRIORITY FOR AN EXISTING SERVICE | F. REVALIDATE A SERVICE' S PRIORITY |
| C. CHANGE TO A SERVICE, SERVICE PRIORITY, OR INFORMATION ABOUT A SERVICE | |

2. DATE SERVICE REQUIRED (MM/DD/YY)

3. NEW SERVICE USER SERVICE ID

4. SERVICE IDENTIFIERS (Complete a and/or b below only if action requested is C, D, or F.)

a. TSP AUTHORIZATION CODE

T	S	P						-		
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b. PREVIOUS SERVICE USER SERVICE ID

5. SERVICE PROFILE *(List all choices that apply)*

6. RESTORATION PRIORITY INFORMATION (Complete ONLY if requesting a provisioning priority)

a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT

b. CRITERIA UNDER WHICH SERVICE QUALIFIES

c. RESTORATION PRIORITY REQUESTED (5, 4, 3, 2, or 1)

7. PROVISIONING PRIORITY INFORMATION (Complete ONLY if requesting a provisioning priority)

a. SUBCATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT

b. CRITERIA UNDER WHICH SERVICE QUALIFIES

c. PROVISIONING PRIORITY REQUESTED (5, 4, 3, 2, 1, or E)

d. INVOCATION OFFICIAL'S NAME

e. INVOCATION OFFICIAL'S TITLE

f. TELEPHONE NUMBER (Area Code / Number / Extension)

g. HAS THE INVOCATION OFFICIAL AUTHORIZED THIS ACTION? (Y or N)

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h. SERVICE LOCATION(S) (Street Address, Building Number, Room Number, etc.)

i. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING (*Company, Name and Telephone Number*)

j. IS ORDER IN PROGRESS? (Y or N)

8. SERVICE USER 24 HOUR POINT-OF-CONTACT (REQUIRED for provisioning priority)		
a. TITLE OR NAME		
b. DAYTIME TELEPHONE NUMBER (Area Code / Number / Extension)	c. OFF-HOURS TELEPHONE NUMBER (Area Code / Number / Extension)	
9. SUPPLEMENTAL INFORMATION (i.e., circuit information)		
10. SERVICE USER (Enter applicable code) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A FEDERAL GOVERNMENT B STATE GOVERNMENT </div> <div style="width: 30%;"> C LOCAL GOVERNMENT D PRIVATE SECTOR </div> <div style="width: 30%;"> E FOREIGN GOVERNMENT F OTHER </div> </div>		
11. SERVICE USER ORGANIZATION (Dept / Agency)	12. MAJOR NETWORK INFORMATION (If service is part of or uses a major network (e.g., PSN, FTS, DSN), identify the network)	
13. SERVICE USER POINT-OF-CONTACT (For correspondence regarding this service)		
a. TITLE OR NAME		b. ORGANIZATION (Dept / Agency)
c. MAILING ADDRESS		
d. CITY / STATE / ZIP CODE	e. TELEPHONE NUMBER (Area Code / Number / Extension)	f. FACSIMILE NUMBER (Area Code / Number / Extension)
14. TSP REQUESTOR INFORMATION		
a. NAME	b. ORGANIZATION (Dept / Agency)	c. TELEPHONE NUMBER (Area Code / Number / Extension)
d. SIGNATURE AND DATE: I confirm this is a National Security Emergency Preparedness (NSEP) service.		
<div style="display: flex; justify-content: space-between;"> </div>		
15. SPONSORSHIP INFORMATION FOR NON-FEDERAL SERVICE (To be completed by sponsor)		
a. FEDERAL SPONSORING AGENCY		b. RECOMMENDED DISPOSITION
c. SPONSOR NAME	d. SPONSOR TITLE	e. TELEPHONE NUMBER (Area Code / Number / Extension)
e. SPONSOR SIGNATURE AND DATE: I confirm this is a National Security Emergency Preparedness (NSEP) service.		
<div style="display: flex; justify-content: space-between;"> </div>		
<p>Non-Federal users: send form to your Federal government sponsor.</p> <p>Federal users or sponsors: send completed form to:</p> <div style="text-align: right; margin-top: 10px;"> Manager, NCS Attn: TSP Program Office 701 South Courthouse Road Arlington, VA 22204-2198 </div>		

TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM TSP SERVICE ORDER REPORT (See instructions on back before completion.)				<i>Form Approved</i> <i>OMB No. 0704-0305</i> <i>Expires Jul 31, 1998</i>	
Public reporting burden for this collection of information is estimated to average 1.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services. Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.					
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS - RETURN COMPLETED FORM TO ADDRESS BELOW					
1. SERVICE USER/CONTRACTING ACTIVITY NAME					
2. TSP SERVICE INFORMATION					
a. ITEM NO.	b. TSP AUTHORIZATION CODE (1) CONTROL ID (2) TSP CODE	c. SERVICE USER CONTRACT ID	d. PRIME SERVICE VENDOR NAME	e. NET TOTAL CIRCUITS	
1.	TSP -				
2.	TSP -				
3.	TSP -				
4.	TSP -				
5.	TSP -				
6.	TSP -				
7.	TSP -				
8.	TSP -				
9.	TSP -				
10.	TSP -				
11.	TSP -				
12.	TSP -				
13.	TSP -				
14.	TSP -				
15.	TSP -				
16.	TSP -				
17.	TSP -				
18.	TSP -				
19.	TSP -				
20.	TSP -				
3. POINT OF CONTACT <i>(Title or Name)</i>					
4. ORGANIZATION					
a. DEPARTMENT/AGENCY NAME			b. MAILING ADDRESS		
c. TELEPHONE NUMBER <i>(Area Code/Number/Extension)</i>			d. CITY/STATE/ZIP CODE		
5. DATE DATA COMPILED <i>(MM/DD/YY)</i>			6. NUMBER OF ITEMS REPORTED		
7. SIGNATURE		8. DATE	SEND COMPLETED FORM TO: Manager, NCS Attn: TSP Program Office 701 South Courthouse Road Arlington, VA 22204-2198		

INSTRUCTIONS FOR TSP SERVICE ORDER REPORT

Complete this form if you ordered a TSP service from a service vendor.

The service user/contracting activity is to provide the information contained in this report within 45 days of issuing a service order or change order to a prime service vendor regarding a service that involves a TSP assignment.

If there are more than 20 TSP services to report, attach additional Service Order Report forms (SF 316) or separate sheets of plain paper the same size and format as the printed forms. Complete items 3 through 7 on the first form only.

Item 1. Service User/Contracting Activity Name. Enter the name of the organization that ordered the respective TSP service(s) from the prime service vendor(s).

Item 2. TSP Service Information. For each TSP service for which you have contracted (i.e., issued a service order or a change order), provide the following:

- b. TSP Authorization Code.** Enter the full 12-character code, assigned by the TSP Program Office, which you provided to the prime service vendor(s).
- c. Service User Contract ID.** Enter the identification (up to 24 characters) that you use to identify the service order. The ID may be the purchase number, service agreement number, contract service agreement, contract number, order number, procurement ID, etc.
- d. Prime Service Vendor Name.** Identify the prime service vendor that will provide the service. If there is more than one prime service vendor, provide information for each one.
- e. Net Total Circuits.** Enter the net total of the number of circuits installed plus those pending installation. The total is to include all of this prime vendor's circuits for this TSP Authorization Code as of the Date Data Compiled (see item 5 below). Do not add disconnected circuits. Do not include sub-contractor circuits. For example, if this prime service vendor has installed 6 circuits to date, 2 additional circuits are pending installation, and you are now disconnecting 3 circuits, the net total circuits would be 5 (6 plus 2 minus 3).

Item 3. Point of Contact Information. Identify the person who should be called if the TSP Program Office has any questions regarding the information on the form.

Item 4. Organization. Enter the parent organization that ordered the service(s). Federal agencies are to use the appropriate 4 digit code for their organization, from Federal Information Processing Standard (FIPS) Publication 95. All others should enter a title such as: "California Highway Patrol," or "Nelson County Hospital."

Item 5. Date Data Compiled. Enter the latest month/day/year when data was compiled.

Item 6. Number of Items Reported. Enter the total number of items (item numbers completed) including service orders reported on attached Service Order Reports or sheets of paper.

TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM TSP ACTION APPEAL FOR SERVICE USERS <i>(See instructions on back before completion)</i>		<i>Form Approved</i> OMB No. 0704-0305 <i>Expires Jul 31, 1998</i>	
<small>Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.</small>			
1. APPEAL REQUESTOR INFORMATION			
a. NAME, TITLE		c. MAILING ADDRESS	
b. ORGANIZATION		d. CITY, STATE, ZIP CODE	
e. TELEPHONE NUMBER <i>(Area Code/ Number/Extension)</i>	f. SIGNATURE		g. DATE
2. APPEAL RATIONALE <i>(Attach additional sheets as necessary)</i>			
3. SPONSORSHIP INFORMATION FOR A NON-FEDERAL USER <i>(To be completed by sponsor)</i>			
a. FEDERAL SPONSORING AGENCY		b. SPONSOR NAME/TITLE	
c. TELEPHONE NUMBER <i>(Area Code/ Number/Extension)</i>	d. RECOMMENDED DISPOSITION		
e. SPONSOR SIGNATURE			f. DATE
<p>NOTE: Attach all information submitted to and received from the Manager, NCS regarding the appeal. Send a copy, clearly marked as an information copy, to the Federal Communications Commission.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Send completed form to:</p> <p style="margin-left: 40px;">Manager, NCS Attn: TSP Program Office 701 South Courthouse Road Arlington, VA 22204-2198</p> </div> <div style="width: 45%;"> <p>Send copy to:</p> <p style="margin-left: 40px;">Federal Communications Commission Attn: Chief, Domestic Services Branch Common Carrier Bureau Washington, D.C. 20554</p> </div> </div>			
TO BE COMPLETED BY THE TSP PROGRAM OFFICE			
4. RESOLUTION OF APPEAL:		GRANTED	DENIED
5. COMMENTS			
6. APPROVED BY			
a. NAME			
b. SIGNATURE			c. DATE

INSTRUCTIONS FOR TSP ACTION APPEAL

Complete this form if you are a service user or sponsoring Federal organization appealing an action taken by the TSP Program Office.

- Item 1. **Appeal Requestor Information.** Provide the name and commercial phone number (area code/phone/extension) of an individual knowledgeable about this appeal
- Item 2. **Appeal Rationale.** Explain the reason for your appeal. Use additional sheets if required. Attach copies of all relevant correspondence.
- Item 3. **Sponsorship Information for a Non-Federal User.** This information **MUST** be completed and signed by the sponsoring activity.

APPEAL PROCESS

1. Service users or sponsoring Federal Organizations may appeal any priority level assignment, denial, revision, revocation, approval, or disapproval to the TSP Program Office within 30 days of notification to the service user. The appeal must include supporting factual details. (NOTE: Non-Federal service users must appeal through their sponsor.) An appeal that includes a claim of new information may be submitted any time.
2. Service users may appeal any priority action to the TSP Program Office within 30 days of notification of the action. All TSP appeals must be filed using this form. Submit the completed appeal form, along with copies of any relevant correspondence, to the TSP Program Office. A copy of the appeal package, clearly marked as an information copy, must also be submitted to the Federal Communications Commission (FCC). The TSP Program Office will determine the disposition of the appeal and respond within 30 days of receipt.
3. If the service users is not satisfied with the TSP Program Office's decision, they may then escalate the appeal to the Manager, NCS. This escalation must be submitted within 30 days of the TSP Program Office's notice of action on the initial appeal. The service user will submit a letter explaining the reason for escalating the appeal and attach the appeal package previously submitted to the TSP Program Office. The Manager, NCS will determine the disposition of the appeal and respond to the service user within 30 days of receipt.
4. Service users may only appeal a priority action directly to the FCC after first submitting an appeal to the TSP Program Office and escalating the appeal to the Manager, NCS. This appeal must be submitted to the FCC within 30 days of notification of the decision made by the Manager, NCS on the escalated appeal. The service user will submit a letter to the FCC Common Carrier Bureau detailing the reasons for appealing the decision made by the Manager, NCS. Copies of the letter of appeal to the FCC will be submitted to the TSP Program Office, Manager, NCS, and any other parties directly involved. The FCC will not issue a public notice of an appeal. The FCC will provide notice of its decision on the appeal to all parties of record.
5. Following the FCC's decision, involved parties may file a response to the FCC within 20 days of the FCC's appeal determination. The organization that originally filed the appeal may then file replies to the FCC's decision within 10 days of the FCC's response. Additionally, the TSP Program Manager may appeal any FCC revision, approval, or disapproval to the FCC.

TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM NSEP INVOCATION REPORT (See instructions on back before completion.)		<i>From Approved</i> OMB No. 0704-0305 Expires Jul 31, 1998																				
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.</small>																						
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS - RETURN COMPLETED FORM TO ADDRESS BELOW																						
1. TSP AUTHORIZATION CODE		2. WAS NSEP TREATMENT INVOKED FOR THIS SERVICE? (Y or N) (If "No," proceed to Item 5.)																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">T</td> <td style="width: 10%;">S</td> <td style="width: 10%;">P</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>		T	S	P																		
T	S	P																				
3. IF NSEP TREATMENT WAS INVOKED FOR THIS SERVICE, COMPLETE THE FOLLOWING:																						
a. DATE OF EVENT ASSOCIATED WITH INVOCATION (MM/DD/YY)		b. EVENT ASSOCIATED WITH INVOCATION																				
c. WAS TSP SERVICE OPERATIONAL BY THE REQUESTED DUE DATE? (Y or N)		d. IF THE TSP SERVICE WAS NOT OPERATIONAL BY THE REQUESTED DATE, EXPLAIN.																				
e. WERE ADDITIONAL CHARGES INCURRED DUE TO THIS SERVICE HAVING A TSP PROVISIONING PRIORITY ASSIGNED (Y or N)																						
4. INVOKING OFFICIAL																						
a. FEDERAL AGENCY		b. NAME																				
d. MAILING ADDRESS		c. TITLE																				
e. CITY / STATE / ZIP CODE		f. TELEPHONE NUMBER (Area Code / Number / Extension)																				
5. SUBMITTER																						
a. NAME		b. ORGANIZATION (Dept / Agency)																				
d. SIGNATURE		c. TELEPHONE NUMBER (Area Code / Number / Extension)																				
e. DATE		SEND COMPLETED FORM TO: Manager, NCS Attn: TSP Program Office 701 South Courthouse Road Arlington, VA 22204-2198																				
<p style="text-align: center;">INSTRUCTIONS FOR COMPLETING AN NSEP INVOCATION REPORT</p> <p>Complete this form ONLY after receiving a priority action notice, that includes a provisioning priority, from the TSP Program Office. Attach a copy of the priority action notice. If any of the information in the priority action notice is incorrect, submit a TSP Request for Service Users (SF 315) to amend the information about your service.</p> <p>If the invocation report is classified handle in accordance with prescribed directives.</p> <p>Item 1. TSP Authorization Code. Enter the full 12-character code conveyed to the service vendor.</p> <p>Item 2. Was NSEP treatment invoked? If NSEP treatment was not invoked, enter an N and proceed to item 5. If NSEP treatment was invoked, enter a Y and proceed to item 3.</p> <p>Item 3. If NSEP treatment was invoked for this service, please provide the following:</p> <p style="margin-left: 20px;">a. Enter the date of the event associated with this invocation (MM/DD/YY)</p> <p style="margin-left: 20px;">b. Describe the event which caused you to invoke.</p> <p style="margin-left: 20px;">c. If the TSP service was operational by the requested due date enter a Y. If the TSP service was NOT operational by the requested date enter an N and briefly explain why not in item 3d.</p> <p style="margin-left: 20px;">e. If additional charges or expenses, above and beyond what you would normally incur, were involved in provisioning this service enter a Y, if not enter an N. Do not delay returning this form if you do not know if any additional costs were incurred.</p> <p>Item 4. Invoking Official. Complete required Invoking Official information.</p> <p>Item 5. Submitter. Complete required Submitter information.</p> <p style="margin-left: 20px;">b. Federal agencies are to use the appropriate 4 digit code in Federal Information Processing Standard (FIPS) Publication 95.</p> <p style="margin-left: 20px;">d. Signature and date. This form <u>MUST</u> be signed.</p>																						